

Official Form 1040-SS

U.S. Form 101 (04/95)

FORM 101 (04/95)

<b>Debtor's Petition</b> <i>signed and filed by the debtor or the debtor's attorney</i>		<b>Signature of Debtor(s)</b> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Shawn P.W. O'Riley</div>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheets)</b>			
Location Where Filed	Case Number	Date Filed	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheets)</b>			
Name of Debtor	Case Number	Date Filed	
District	Relationship	Judge	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 103) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b> (To be completed if debtor is an individual who files as primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have confirmed the petitioner that he or she has proceeded under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="text-align: right;">                       Signature of Attorney for Debtor(s)      Date: 3/12/08                 </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		<b>Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</b> <input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)	
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b> <b>Venue (Check any applicable box)</b> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is no bankruptcy case concerning debtor's estate in general partnership or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has a substantial place of business or assets in the United States but is not intended to commence or proceeding in a federal or state court in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> <i>(Check all applicable boxes)</i> <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If boxed checked, complete the following.) <div style="text-align: center; margin-top: 10px;">                         _____                          (Name of landlord that obtained judgment)                     </div> <div style="text-align: center; margin-top: 10px;">                         _____                          (Address of landlord)                     </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law there are due diligences under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 90-day period after the filing of the petition.			

## Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s)

SHawn P.W. O'Riley

## Signatures

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7, I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition, I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

Shawn P.W. O'Riley

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

2/12/08

Date

## Signature of a Foreign Representative of a Recognized Foreign Proceeding

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

## Signature of Attorney

Signature of Attorney for Debtor(s)

Bonnie Macfarlane

Printed Name of Attorney for Debtor(s)

BONNIE MACFARLANE, P.C.

Firm Name

106 W. State Rd./P.O. Box 268

Address

Island Lake, IL 60042

(847) 487-0700

Telephone Number

3/12/08

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(h), and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 193 is attached.

Printed Name and title of my Bankruptcy Petition Preparer

Social Security number (If my bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or member of the bankruptcy petition preparer's firm. Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy Petition Preparer or officer, principal, responsible person or member whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*This document is void if the bankruptcy petition preparer fails to comply with the provisions of rule 12 and 101 of the Federal Rules of Bankruptcy Procedure or any court rules or implementing orders in both 11 U.S.C. § 110, 18 U.S.C. § 159.*

## Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of this debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Form 6-Summary?  
(10-03)

United States Bankruptcy Court  
Northern District Of Illinois  
Eastern Division

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)**  
**[Individual Debtors Only]**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ NO
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule F)	\$ NC
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ NO
Student Loan Obligations (from Schedule E)	\$ NO
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ NO
Obligations to Pension or Profit-Sharing and Other Similar Obligations (from Schedule E)	\$ NO
TOTAL	\$ - 0

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

Form 8  
(10-05)

United States Bankruptcy Court  
Northern District Of Illinois

In re Shawn P.W. O'Riley  
Debtor

Eastern Division

Case No. \_\_\_\_\_  
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
HOUSE TRAILER	Countrywide Bank of the West				X X
Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 542(b)(1)-(3)			

Date: 5/12/08

Shawn P.W. O'Riley  
Signature of Debtor

DECLARATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 542(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. (Required under 11 U.S.C. § 110.) \_\_\_\_\_

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer Date \_\_\_\_\_

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110, 18 U.S.C. § 159.

Form 6-Summary  
(10/05)

# United States Bankruptcy Court

Northern District Of Illinois

Eastern Division

In re Shawn P. W. O'Riley  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 146,000.00		
B - Personal Property	YES	3	\$ 12,158.21		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 132,400.00	
E - Creditors Holding Unsecured Priority Claims	YES	1		\$ -0-	
F - Creditors Holding Unsecured Nonpriority Claims	YES	9		\$ 66,700.56	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Contingent Claims	YES	1			
I - Current Income of Individual Debtor(s)	YES				\$ 2,102.11
J - Current Expenses of Individual Debtor(s)	YES	1			\$ 2,101.50
TOTAL		20	\$ 158,158.21	299,100.56	

Form B-1  
4/09/07

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule C - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
18631 W. Hickory Place Wildwood, Illinois		JT	146,000.00	116,000.00
Total ➤			146,000.00	

(Report also on Summary of Schedules.)

Form B-1  
(04/01)In re Shawn P.W. O'Riley  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand				- 0 -
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives		First Midwest Bank - checking Grayslake, IL - savings		60.00 125.00
3. Security deposits with public utilities, telephone companies, landlords, and others	X			
4. Household goods and furnishings, including audio, video, and computer equipment				400.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles	X			
6. Wearable apparel				50.00
7. Tools and jewelry	X			
8. Firearms and sports, photographic, and other hobby equipment	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each	X			
10. Annuities. Itemize and name each issuer	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c), Rule 1007(b))	X			



(your best estimate)

In re SHawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IMRF sec income monthly income		1,023.21 monthly
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

In re SHawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1996 Lincoln Town Car		1,100.00
26. Boats, motors, and accessories.	X	2005 Adventure Travel Trailer (owes \$16,400.00) value 9,400.00	JT	9,400.00
27. Aircraft and accessories	X			
28. Office equipment, furnishings, and supplies	X			
29. Machinery, fixtures, equipment and supplies used in business	X			
30. Livestock	X			
31. Animals	X			
32. Crops - growing or harvested. Give particulars	X			
33. Farmhouse equipment and implements	X			
34. Farm supplies, chemicals, and feed	X			
35. Other personal property of any kind not already listed. Itemize	X			
Total				\$ 12,158.21

— continuation sheets attached Total  
include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

In re Shawn P.W. O' Riley  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Residence	735 ILCS 5/12-901	Real Property \$ 15,000.00 ea	15,000.00
Necessary Wearing apparel, etc.	735 ILCS 5/12-1001(e)	100%	50.00
Personal Property household goods	735 ILCS 5/12-1001 (b)	100%	2,585.00
Motor Vehicle	735 ILCS 5/12-1001 (c)	2,400.00 ea	2,400.00
Implements, tools of trade	735 ILCS 5/12-1001 (d)	100%	-0-
Health Aids	735 ILCS 5/12-1001 (e)	100%	-0-
Life Insurance, etc.	735 ILCS 5/12-1001		-0-
Retirement Plans	735 ILCS 5/12-1006	100%	-0-
Other; Misc	735 ILCS 5/12-1001 (b)	4,000.00	4,000.00

Form B9D

(10-07)

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND A ACCOUNT NUMBER (See Instructions Above)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Countrywide PO Box 650070 Dallas, TX 75265-0070						116,000.00	
House		VALUES 146,000.00					
ACCOUNT NO. Bank of the West PO Box 4002 Concord, CA 94524-4002						16,400.00	
Trailer		VALUES 9,400.00					
ACCOUNT NO.							
		VALUES					
ACCOUNT NO.							
		VALUES					
Subtotal ► (Total of this page)						\$ 132,400.00	
Total ► (Use only on last page)						\$	

Continuation Sheets  
attached

U.S. Bankruptcy Court

In re: Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor." Include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. If applicable, also report this total on the Means Test form.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheet.)

### ☐ Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

FORM B61 - Cont  
(10-89)

In re Shawn P. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR	WARRANT, WRIT, JUDG. OR COMMITTEE	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 54580045098	96005						
HSBC, NV PO Box 19360 Portland, OR 97280							10,044.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$  
(Total of this page) **10,044.00**  
Total > \_\_\_\_\_  
(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules)

**TOTAL ALL PAGES:**  
**\$ 166,700.56**

Case No. 08-08768

In re: Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1017(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule F - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 4266-8410-8198-4617 Cardmember Service P.O. Box 15153 Wilmington, DE 19886-5153			CHASE				10,605.08
ACCOUNT NO. 749-73524-2783-70 Bank of America P.O. Box 15102 Wilmington, DE 19886-5102							26,412.22
ACCOUNT NO. 4227-6510-2091-0237 Cardmember Services P.O. Box 15325 Wilmington, DE 19886-5325			BP				351.23
ACCOUNT NO. 4339-9300-1955-5376 Business Card P.O. NBox 15710 Wilmington, DE 19886-5710							13,711.09
Subtotal ➤							51,079.62
Total ➤							\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules.)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 94-4643728 ENH Radiology 34618 Eagle Way Chicago, IL 60678-1346						14.74
ACCOUNT NO. 730212 Ingram & Associates, LLC P.O. Box 290935 Nashville, TN 37229-0935		Munroe Regional Health System				231.48
ACCOUNT NO. 1921030 Anesthesia Care Team, Inc. P.O. Box 917484 Orlando, FL 32891-7484						500.00
ACCOUNT NO. 05357000040 MJ Altman Companies, Inc. 112 SE Ft. King St. Ocala, FL 34471		Munroe Regional Health System				231.48
ACCOUNT NO. 2673A579 Earl S. Stewart, MD, PA P.O. Box 843269 Boston, MA 02284-3269						38.26
Sheet no. ___ of ___ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ▶ \$ 1,015.96
						Total ▶ \$

(Use only on last page of the completed Schedule F)  
(Report also on Summary of Schedules.)



FORM 106 - Cont.  
(11/89)

In re Shawn P.W. O'Riley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBETOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 18860 Ritz Eyecare 6290 SW State Road 200 Ocala, FL 34476							11.60
ACCOUNT NO. 324670 The Radiation Medicine Inst. 9818 Eagle Way Chicago, IL 60678-1098							739.00
ACCOUNT NO. 005835749 ENH Faculty Practice Associates 9532 Eagle Way CHicago IL 60678-1095							469.00
ACCOUNT NO. N1311447 ENH MG Dept of Anesthesia 9609 Eagle WAY Chicago, IL 60678-1095							1392.66
ACCOUNT NO. A0008789AAK ENH Laboratory Services-Clin 9851 Eagle Way CHicago, IL 60678-1098							222.00

Sheet no. \_\_\_\_\_ of \_\_\_\_\_ sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 2,834.26  
(Total of this page)  
Total > \_\_\_\_\_

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

FORM 460 - Cont.  
1-0-89

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NN-A0008789AAL ENH Laboratory Services 9851 Eagle Way Chicago, IL 60678-1098							32.00
ACCOUNT NO. ND-A0067113AAD ENH Medical Group ENH 23159 Network Place Chicago, 60673-1231							170.00
ACCOUNT NO. ND-A00067113AAE ENH Medical Group ENH 23159 Network Place Chicago, IL 60673-1231							170.00
ACCOUNT NO. 37-8036192 Cardiothoracic & Vascular P.O. Box 66973-SLOT 30249 Chicago, IL 60666-0973							5,975.00
ACCOUNT NO. 3787 Mark J. Trelka, MD 565 Lakeview Parkway, Ste. 104 Vernon Hills, IL 60061							415.00

Sheet no. \_\_\_\_\_ of \_\_\_\_\_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal ▶ \$ 6,762.00  
(Total of this page)  
Total ▶ \$ \_\_\_\_\_  
(Use only on last page of the completed Schedule F.)  
(Report total amount Summary of Schedules)

FORM 106 (Rev. 08/99)

In re Shawn P. W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR	HOUSING, WELFARE, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 155920 Lake Heart Specialists 35 Tower Ct., Ste. F Gurnee, IL 60031-5712							350.00
ACCOUNT NO. ORILEY0000 Miroslaw J. Walo, MD P.O. Box 7053 Evanston, IL 60201							100.00
ACCOUNT NO. 2073582 Condell Medical Center 97169 Eagle Way Chicago, IL 60678-9710							1,747.00
ACCOUNT NO. 84448 ENH Faculty Practice 9532 Eagle Way Chicago, IL 60678-1095							11,990.00
ACCOUNT NO. 6183770 OSI Collection Services, Inc. P.O. Box 959 Brookfield, WI 53008-0959			ENH Medical Group				469.00

Sheet no. \_\_\_\_\_ of \_\_\_\_\_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims.

Subtotal > \$ 14,656.00  
(Total of this page)  
Total > \$ \_\_\_\_\_

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

In re Shawn P.W. O'Riley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See instructions above)	CO-DEBTOR  HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 0058357496123 Evanston NW Healthcare 9730 Eagle Way Chicago, IL 60678-1097						12,641.96
ACCOUNT NO. 005835749611 Evanston NW Healthcare 9730 Eagle Way Chicago, IL 60678-1097						6,888.16
ACCOUNT NO. 31168074867 FNB Omaha PO Box 3412 Omaha, NB 68197						1,150.00
ACCOUNT NO. 10529074190 WFFINANCE 5101 Washington St., Ste. 3 Gurnee, IL 60031						1,170.00
ACCOUNT NO. 488893799333 Bank of America PO Box 1390 Norfolk, VA 23501						7,306.00

Sheet no.    of    sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal ▶

Total ▶  
(Use only on last page of the completed Schedule F)  
(Report also on Summary of Schedules)

\$ 29,156.12  
\$

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <small>(See instructions also 5.1)</small>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 4791-0601-0275-1194 Payment Processing P.O. Box 23007 Columbus, GA 31902-3007		ASPIRE				5,266.14
ACCOUNT NO. 4888-9360-2898-5467 Bank of America P.O. Box 15726 Wilmington, DE 19886-5726						6,112.18
ACCOUNT NO. 41907370 Wells Fargo Financial P.O. Box 98798 Las Vegas, NV 89193-8798						1,369.00
ACCOUNT NO. 5458-0045-0989-6005 Direct Merchants Bank P.O. Box 22128 Tulsa, OK 74121-2128		HSBC				10,044.83
ACCOUNT NO. 7497399675 Bank of America PO Box 17054 Wilmington, DE 19884						29,056.00
Sheet no. 01 - Sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ▶
Total ▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules.)						\$42,848.15

FORM 136e - Cont  
(10-99)

In re Shawn P.W. O'Riley,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBCTOR	IS SECURED, UNSECURED, OR CONTINGENT	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 005835749-5097 Evanston Northwestern Healthcare 23056 Network Place Chicago, IL 60673-1230							6,501.95
ACCOUNT NO. 005835749-5315 Evanston Northwestern Healthcare 23056 Network Place Chicago, IL 60673-1230							88.00
ACCOUNT NO. 005835749-5284 Evanston Northwestern Healthcare 23056 Network Place Chicago, IL 60673-1230							779.50
ACCOUNT NO. 005835749-5325 Evanston Northwestern Healthcare 23056 Network Place Chicago, IL 60673-1230							88.00
ACCOUNT NO. EP8448 ENH Faculty Practice Assoc. 9532 Eagle Way Chicago, IL 60678-1095							469.00 & 378.00

Sheet no. \_\_\_\_\_ of \_\_\_\_\_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 8,304.45  
(Total of this page)  
Total > \$

(Use only on last page of the completed Schedule F.)



Form 101  
10/01/04

In re Shawn P.W. O'Riel  
Debtor

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
***TRAVEL TRAILER*** Roger Metzler 18631 W. Hickory Place Wilwood, IL 60030	Bank of the West P.O. Box 4002 Concord, CA 94524-4002
***HOUSE*** Roger Metzler 18631 W. Hickory Place Wildwood, IL 60030	Countrywide P.O. Box 650070 Dallas, TX 75265-0070



Voluntary  
Debtor

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12, or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<u>single</u>	RELATIONSHIP:	AGE:
Employment:	DEBTOR	SPOUSE
Occupation:	<u>Retired / Disabled</u>	
Name of Employer:		
How long employed:		
Address of Employer:		

INCOME: (Estimate of average monthly income)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ _____	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify): _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	
7. Regular income from operation of business or profession or firm. (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ _____	\$ _____
11. Social security or government assistance (Specify): <u>Social Security</u>	\$ <u>1,126.90</u>	\$ _____
12. Pension or retirement income <u>I.M.R.F.</u>	\$ <u>1,023.21</u>	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ <u>2,150.11</u>	\$ _____

\*\*\*\*Deduction from S.S. MEDICARE \*\*\*\*\* 48.00 \*\*\*\*

14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. TOTAL MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>2,102.11</u>	\$ _____
16. TOTAL COMBINED MONTHLY INCOME: \$ _____	\$ _____	\$ _____

(Report also on Summary of Schedules.)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

\_\_\_\_\_  
\_\_\_\_\_

Local Rule  
Part 57

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ 577.50
  - a. Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Is property insurance included? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Utilities: a. Electricity and heating fuel \$ 110.00
  - b. Water and sewer \$ \_\_\_\_\_
  - c. Telephone \$ 34.00
  - d. Other \_\_\_\_\_ \$ \_\_\_\_\_
3. Home maintenance (repairs and upkeep) \$ 32.00
4. Food \$ 290.00
5. Clothing \$ \_\_\_\_\_
6. Laundry and dry cleaning \$ 17.00
7. Medical and dental expenses \$ \_\_\_\_\_
8. Transportation (not including car payments) \$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_
10. Charitable contributions \$ \_\_\_\_\_
11. Insurance (not deducted from wages or included in home mortgage payments)
  - a. Homeowner's or renter's \$ \_\_\_\_\_
  - b. Life \$ \_\_\_\_\_
  - c. Health Blue Cross \$ 149.00
  - d. Auto \$ 54.00
  - e. Other Drugs/Medication \$ 540.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \_\_\_\_\_ \$ \_\_\_\_\_
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
  - a. Auto \$ \_\_\_\_\_
  - b. Other Travel Trailer / Bank of the West \$ 98.00
  - c. Other \_\_\_\_\_ \$ \_\_\_\_\_
14. Alimony, maintenance, and support paid to others \$ \_\_\_\_\_
15. Payments for support of additional dependents not living at your home \$ \_\_\_\_\_
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_
17. Other \_\_\_\_\_ \$ \_\_\_\_\_
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 2,101.50
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: \_\_\_\_\_
20. STATEMENT OF MONTHLY NET INCOME
  - a. Total monthly income from Line 16 of Schedule I \$ \_\_\_\_\_
  - b. Total monthly expenses from Line 18 above \$ \_\_\_\_\_
  - c. Monthly net income (a. minus b.) \$ \_\_\_\_\_

Official Form No. 101 (2008)

In re Shawn P.W. O'Riley  
Debtor

Case No. \_\_\_\_\_  
(If known) \_\_\_\_\_

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 23 (Total shown on summary page plus 1.) sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 4/12/08

Signature Shawn P.W. O'Riley  
Debtor

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(None, Debtor, if any)

(If joint case, both spouses must sign.)

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(f) and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. \_\_\_\_\_

(Required by 11 U.S.C. § 110)

*If the bankruptcy petition preparer is not an individual, state the name, title of any, address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address \_\_\_\_\_

Signature of Bankruptcy Petition Preparer \_\_\_\_\_

Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual.

*If more than one person prepared this document, attach additional signed sheets containing the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provisions of rule 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 159.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print or type name of individual signing on behalf of debtor.

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

Penalty for making a false statement or knowingly falsified property: Fine of up to \$200,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 357.